File with: lowa Ethics and Campaign Disclosure Board 510 E. 12th, Ste. 1A Des Moines, Iowa 50319

Reset Form

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FOR INSTRUCTIONS, SEE BACK OF FORM

Fax: 515-281-4073	DISCLOSURE SUMMARY PAGE	2000	### *	1 - 21
COMMITTEE NAME (Must be	e same as on Statement of Organization)	ZUUU J	3 MA 81 MUI	3: 28
	ackson for Supervisor		FORM	
(1)Statewide/Legislative/Judge §	of committee you are reporting for: 5 Standing for Retention Candidate (2) State PAC (3) State Party i) County Candidate (6) City Candidate (7) School Board or Other Politic y PAC (9) City PAC (10) School Board or Other Political Subdivision Pa	ical AC /	DR-2 (Rev. 07/2007) For Office Use Only Comm. #	DISCLOSURE REPORT
CANDIDATE COMMITTEES Candidate Name Douglas C. Jack	Political Party (if applicable)		Logged in Scanned Computer	
Office Sought Board of Superv	District (if Senate or House)		Audited	
Jauras C. Jac As J SIGNATURE OF PERSON FIL	ING REPORT TELEPHONE		06/14/08 DATE SIG	GNED
AM FILING A termin	nation REPORT FOR (1) ELECTIO	N /(2)NON	-ELECTION YEAI	₹.
	port date) Indicate b			
CHECK IF AMENDMENT TO	REPORT DATED	Local Con	nmittees, enter Date	of Election
Check if this is final (termina (You must continue to	tion) report and attach Notice of Dissolution Form DR-3. file reports until a DR-3 is filed.)	County & which Ele	Local Committees, ection is held	
STATEME	ENT OF CASH ON HAND			
committee. This amou	ing of the reporting period. (Total of all funds held by the unt MUST be the same as the cash on hand at the end priod or must be zero if this is first report filed.)	\$	1609.6	. <i>0</i>
ADD TOTAL MONEY	TAKEN IN THIS PERIOD			
Schedule A: Cash Co	ntributions total (Attach Schedule A) (*also see in-kind below)		100.0	0
	eceived total (Attach Schedule F)			
	les of Campaign Property (Attach Schedule H)			
	applies to Candidates' Committees Only)			
	SUB-TOTAL	\$	_1709.60	Ď

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule F: Loan Repayments total (Attach Schedule F).....

CASH ON HAND at the end of this reporting period (if final report balance must be zero)\$

*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)......\$

CANDIDATE COMMITTEES ONLY:

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)	
Douglas C. Jackson for Supervisor	

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
	CK THIS BOX IF NDING FORM

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STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE	PAC ID NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP	AMOUNT	T 1
RECEIVED	(if applicable)	The second secon	TO CANDIDATE*	AMOUNT RECEIVED	√ IF FOR FUND-
(MM/DD/YR)	AND PAC CHECK NUMBER		(if applicable)		RAISER
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05/22/08	CK#	Gayla A. Henry		\$ 10000	
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TOTAL (if last page of this schedule)

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

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EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
	CK THIS BOX IF NDING FORM

COMMITTEE NAME (Must be same as on Sta	atement of Organization)
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	CANDIDATE	NAME AND ADDRESS		
DATE EXPENDED (MM/DD/YR)	ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
	ID#	"Gazette"	Campaign ads for 2 weeks	
05/20/08	CK#	P.O.Box 7 Neola, IA 51559	Campaign das ion 2 design	\$95.00
	ID#	"The Daily Nonparell"	Campaign ads for 4 days	
5/29/08	СК#	"The Daily Nonparell" 535 West Broadway Council Bluffs, IA 51501		#646.80
	ID#	The Journal - Herald	Campaign ads run on	
06/03/08	CK#	P.O. Box 308 Avoca, IA 51521	5/22/08 5/28/08 5/29/08	* 144.00
-	ID#	"Plan B"	Invoice for: Business Cards	
80/01/2	CK#	15218 mill Ridge Lane Council Bluffs, IA 51503	Tost Cards, Cardor magnets, To Shirt, window decals with campaign logo's	4 \32.39
	ID#	Pottowattamie County Republican Party	Donation of remaining unspent	
06/13/08	CK#	916 Harrison Street Council Bluffs, IA 51503	compaign funds	#691.41
	ID#			
	CK#			
	ID#			
	CK#			
	ID#			
	CK#			
			SUB-TOTAL	\$ 1709-60

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 68A.402(3)(i).)

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TOTAL (if last page of this schedule)

709.60

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SCHEDULE

THIS FORM IS USED	BY CANDIDATES	'COMMITTEES ON	v

THIS FORM IS USED BY CANDIDATES' COMMITTEES ONLY	(Rev. 02/08)	PROPERTY	
COMMITTEE NAME (Must be same as on Statement of Organization) Douglas C. Jackson for Supervisor		ATTACH SCHEDULE H TO EACH REPORT, MAKING CHANGES AS REQUIRED.	
PART I - ONGOING INVENTORY OF CAMPAIGN TO		THIS BOX IF	

ARTI- ONGOING			
Date Purchased (Schedule B) or Date Received (Schedule E) (MM/DD/YR)	Description of Property	Purchase Price or Est. Value When Acquired*	Current Value at Fair Market This Report
o4/31/08	Campaign signs	# 1305.40	♣ ○ <u>∞</u>

TOTAL VALUE CAMPAIGN PROPERTY THIS REPORT (TRANSFER TO SUMMARY PAGE) \$ 0

PART II - SALES OR TRANSFERS OF CAMPAIGN PROPERTY **

Date (MM/DD/YR)	Name and Address of Purchaser/Donee	Description of Property	Sold? Y/N	Sale Price	Value of Donation

	TOTALS	\$.		\$_	
** PROPERTY SALES & TRANSFERS TOTAL (TRANSFER TO SUMMARY PAGE) \$ (Attach Additional Schedules if Needed)				_	
(
		Page _	of_ (For Sche	dule H)	_ Pages

^{*} If estimated, show est. beside figure.